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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/725,850	<b>FILING DATE</b> 11/30/2000 <b>RULE</b> _	<b>CLASS</b> 360	<b>GROUP ART UNIT</b> 2652	<b>ATTORNEY DOCKET NO.</b> 1828.0002M	
<b>APPLICANTS</b> David H. Rose, Bethesda, MD ; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 08/544,950 10/18/1995 PAT 5,844,757 <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/11/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> Epstein Edell Shapiro & Finnan LLC 1901 Research Boulevard Suite 400 Rockville ,MD 20850-3164					
<b>TITLE</b> Personal computer data storage card and method for transferring information between the data storage card and personal computers					
<b>FILING FEE RECEIVED</b> 713	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 1172

<b>SERIAL NUMBER</b> 09/725,850	<b>FILING OR 371(c) DATE</b> 11/30/2000 <b>RULE</b>	<b>CLASS</b> 360	<b>GROUP ART UNIT</b> 2652	<b>ATTORNEY DOCKET NO.</b> 1828.0002M
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**APPLICANTS**

David H. Rose, Bethesda, MD;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a REI of 08/544,950 10/18/1995 PAT 5,844,757

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*****\*\* SMALL ENTITY \*\***

01/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

27896

**TITLE**

PERSONAL COMPUTER DATA STORAGE CARD AND METHOD FOR TRANSFERRING INFORMATION BETWEEN THE DATA STORAGE CARD AND PERSONAL COMPUTERS

<b>FILING FEE RECEIVED</b> 797	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. cf time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit